1289933

FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number: 3235-0076						
Expires: May 31, 200						
Estimated average burden						
hours per respo	hours per response16.00					

SEC	USE OI	NLY
Prefix	1	Serial
DA	TE RECEIV	ED
•	I 1	

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sequora Equity Fund - I	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE RECEIVED STORE
Type of Fining.	2004
A. BASIC IDENTIFICATION DATA	APR 1 5 ZOOT
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	181/4
Sequoia Equity Fund-I	
Address of Executive Offices (Number and Street, City, State, Zip Code) 237 TRAMWAY Drive Suite B-4470 Lake Tahoe NV	Telephone Number (Including Area Code)
237 TRAMWAY Drive Suite B-4470 Lake Tahoe NV	775-589-6015
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) 89449	
Brief Description of Business	
Private LLC Lending on Trust Deeds	
7710076 000	DD CESSEL
Type of Business Organization	
corporation Imited partnership, already formed other (p	please specify): MAY 1 2 2004
Month Year Actual or Estimated Date of Incorporation or Organization:	THOMSON
Actual or Estimated Date of Incorporation or Organization:	
CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- Attention -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	A RAS		, a julianesta egy araban er Kali d	المستخدر بالمعالي ريعه المعالم	
2. Enter the information requested for the f	following:	Parameter of the Section of the Sect	of mark the second and the	<u></u>	
Each promoter of the issuer, if the issuer.		ed within the nest five years			
o Each beneficial owner having the po	_			fa class of equipus equipities of th	e iccuer
Each executive officer and director	•	<u>-</u>	-	• •	C 155UC1.
	-	d of corporate Souciai and it	isusging partners of	partitership issuers, and	
Each general and managing partner	of partnership issuers.				
Check Box(es) that Apply: Promoter Bill Bask, ns Ja	Beneficial Ow		er Director	General and/or Managing Partner	
Full Name (Last name first, if individual) 237 TRAMWAY (OR Suite	B-4470, LAK	e TAGOT	NV 89449-4	470
Business or Residence Address (Number and	d Street, City, State, Zi	p Coce)			
Check Box(es) that Apply: Fromoter Scott Mc Danle!	Beneficial Ow	ner Executive Office	T Divector	General and/or Managing Partner	
Full Name (Last name first, it individual)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
237 TRAMWAY	OR Suite	B-4470,	LAKE To	4408 NV 894	49-447
Business or Residence Address (Number and					
Check Box(es) that Apply: Promoter	Beneficial Ow	ner X Executive Office	r 🗍 Director	General and/or	
JAMES Smith	_		1	Lianaging Partner	
** 11 ** 12 ** 14 **					
237 TRAMWAY	On Suit	0 B-4470	LAKE	h. NU894	49-4470
Business or Residence Address (Number and	d Compact City Con	-0		7//	
Business of Residence Address (Number and	d Street, City, Sizes, Zi	p Code)			
					- <u></u>
Check Box(es) that Apply: Promoter	Eeneficial Owi	ner Executive Office	r Director	General and/or Managing Partner	
Full Name (Last name first, if individual)					
Business or Residence Address (Number and	d Street, City, State, Zi	p Code)			
Check Box(es) that Apply: Fromotor	☐ Deneficial Own	nez Executive Office	r [] Director	General and/or Managing Partner	,
Full Name (Last name first, if individual)					
Business of Residence Address (Number and	d Street, City, Stare, Di	p Code)	· .		
Check Box(es) that Apply: Promoter	Beneficial Owi	ner	r Director	General and/or Managing Partner	
Full Name (Last name first, if individual)					
Business or Residence Address (Number and	d Street, City, State, Zi	p Code)			
Check Box(es) that Apply: Promoter	Beneficial Own	ner Executive Office	r Director	General and/or Managing Partner	
Full Name (Last name first, if individual)				·····	
Business or Residence Address (Number and	d Street, City, State, Zi	p Code)			

1	S./Eryordesigo.Checot Cuyering		
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No □
•	Answer also in Appendix, Column 2, if filing under ULOE.	- 50	0,000
2.	What is the minimum investment that wild be accepted from any individual?	· —	
3.	Does the offering permit-joint ownership of a single unit?	Yes	No. ⊠
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	f6	e e
	ll Name (Last name first, if individual)		
	NONE—siness or Residence Address (Number and Street, City, State, Zip Code)		
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)		
Na	me of Associated Broker or Dealer	Augustra	* ************************************
Sta	ntes in Which Person Listed Has Solicited or Intends to Solicit Purchasers'		
	(Check "All States" or check individual States)	□ All	States
			.1.
	AL AK AZ AR CA CO CT DE DC FL GA	Ш	ID
-	IL IN A KS KY LA ME MD MA MI MN	MS	MO
	MT NE [3] NH NJ NM NY LC ND OH OK RI SC D TN TX UT VT 14 WA WV WI	OR WY	[PA]
•	RI SC TH TX UT VI VI WA WV WI).	[PR]
Fu	Il Name (Last name for a 75 discretal) The force of a contract [] south a contract [] a rate interest in the	, ř.	• • •
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)		
Na	me of Associated Broker or Dealer	31 - 4 6 - 1	
114			
Sta	ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
••	(Check "All States" or check individual States)	☐ ĀĪĪ	States
	AL AK AZ AR CA CO CT DE DC FL GA	HI	ID
			الملال
	IL IN IA KS KY LA ME MD MA MI MN	MS	MO
	MT NE NV NH NJ NM NY NC ND OH OK	MS OR	
			MO
Ful	MT NE NV NH NJ NM NY NC ND OH OK	OR	MO PA
	MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WA WWW WI	OR WY	MO PA
Bu	MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WA WWW WI Il Name (Last name first, if individual) siness or Residence Address (Number and Street, City, State, Zip Code) me of Associated Broker or Dealer	OR WY	MO PA
Bu Na	MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WA WWW Il Name (Last name first, if individual) siness or Residence Address (Number and Street, City, State, Zip Code) me of Associated Broker or Dealer	OR WY	MO PA
Bu Na	MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WA WWW WI Il Name (Last name first, if individual) siness or Residence Address (Number and Street, City, State, Zip Code) me of Associated Broker or Dealer	OR WY	MO PA
Bu Na	MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WA WI WA Il Name (Last name first, if individual) siness or Residence Address (Number and Street, City, State, Zip Code) me of Associated Broker or Dealer ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	OR WY	MO PA PR
Bu Na	MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WW WI Il Name (Last name first, if individual) siness or Residence Address (Number and Street, City, State, Zip Code) me of Associated Broker or Dealer ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA	OR WY	MO PA PR
Bu Na	MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WA WI WA Il Name (Last name first, if individual) siness or Residence Address (Number and Street, City, State, Zip Code) me of Associated Broker or Dealer ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	OR WY	MO PA PR

	C. Offering Price, Numbla & &	ALMAN DOE ON FROCEDO	<u> </u>
1.	Enter the aggregate offering price of securities included in this effering and the total sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange this box and indicate in the columns below the amounts of the securities offered for already exchanged.	e offering, check for exchange and	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	De5t	\$	\$
	Equity	\$ 1.00	\$
	Cemmon Preferre		
	Convertible Securities (including warrants)		\$
	Partnership Interests		
	Othe. (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	
2.	Enter the number of accredited and non-accredited investors who have purchased soffering and the aggregate dollar amounts of their purchases. For original under Ruthe number of persons who have purchased securities and the aggregate dollar apurchases on the total lines. Enter "0" if answer is "none" or "zero."	ule 504, indicate	
		Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	<u>Ø</u>	β
	Non-accredited Investors	***************************************	_ \$
	Total (for filings under Rule 504 only)		.
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested is sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) mon first sale of securities in this offering. Classify securities by type listed in Part C -	nths prior to the	
		Type of	Dellar Amount
	Type of Offering	Security	Sold
	Rule 505		<u> </u>
	Regulation A		<u> </u>
	Rule 504	•	. \$ <u></u>
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and dissecurities in this offering. Exclude amounts relating solely to organization expense. The information may be given as subject to future contingencies. If the amount of an not known, furnish an estimate and check the box to the left of the estimate.	es of the insurer.	
	Transfer Agent's Fees] \$
	Printing and Engraving Costs		
	Legal Fees	-] \$
	Accounting Fees	_] \$
	Engineering Fees	_	7 \$
	Sales Commissions (specify finders' fees separately)	_	
	Other Expenses (identify) Non - Reaccuning Intial FEE	2.5% of Intial A	s .025
	Other Expenses (identify) Non - Reacturing Intial FEE Punchase 1.00 pen Uni-	<i>+</i>	1 s .025
	* VW#		, w + - J

		5 5
OFFE	A. A. A	لطوريه المرياقاتية بالمتحر

inses and use of proceeds

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part © proceeds to the issuer."	Question 4.a. This difference is the "adjusted	gross	· . 4 :	\$. 975
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate the payments listed must equal the adjusted g	and	21 mg	Anna Anna Anna Anna Anna Anna Anna Anna
			• • •	Payments to Officers.	· p'
	67	drive i 👸 – bitor io		Directors, &	Payments to
	اد الله الله الله الله الله الله الله ال		. s: <u></u> -	Affiliates	Others
	Salaries and fees	• • • • • • • • • • • • • • • • • • •	·····	\$ 2	□ \$
	Purchase of real estate	and the second of the second o		\$_ \	
	Purchase, rental or leasing and installation of mac and equipment	hinery		s Ø	" ⊤ '\$
	Construction or leasing of plant buildings and fac	ilities		\$ 8	□\$
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse issuer pursuant to a merger)	ne of securities involved in this		\$ Ø	
	Repayment of indebtedness	10.12.1		s_&	s
	Working capital			<u>\$_&</u>	\$
	Other (specify): Purchasing Try.	st Deeds		s 100%	\$
	The second secon		🔲	\$	 \$
	Column Totals	TO MADE AND THE CONTRACTOR OF	• •	\$	
	Total Payments Listed (column totals added)		••••••••••••••••••••••••••••••••••••••		00%
	. # 2. · .	d. federal signature	Table 4	, , , , , , , , , , , , , , , , , , , ,	, , , , , ,
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Co	mmissi	on, upon writter	le 505, the following n request of its staff,
Iss	ser (Print or Type)	Signature	Da	nte _	
S	equoiA	Scott On Jal Sr. V. P	.	3-12	-04
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)			
5	off McDAniel was	Seulion Vice Piesle	den;	T. Time	
	7 5 4 5 6 6	and the second s			i.

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	₹es □	No X	

- See Appendix, Column 5, for state response.
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issue: hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
Sequoia Equity Fund-I	Scott McDaniel Sr. V.P. 3-12-04
Name (Print or Type)	Title (Print or Type)
Scott McDaniel	Senion Vice President

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				marine and the	XIV.				
1	'2						*	Disqual	ification
	Intend to se to non-accred investors in S	ited tate	offered in state		Type of amount pu	investor and rchased in State	ing to the state of	under State ULO (if yes, attach explanation of waiver granted	
	(Part B-Item		(Part C-Item 1) (Part C-Item 2) Number of Number of					(Part E-	
				Accredited		Non-Accredited		gr vag til g	,)
State		Θ,		Investors			· ·		No
AL	re ogskrigered gjirik i s	1¢1		one interest one policie	o a training of	omino la, l Liminos rays		ti in alita	
AK	,	G	might Claude 2	Di e jakore	She Sustante	organia y	sterious.	4 4 19 4	
AZ			and an exercise comment					-	
AR			1						, .
CA				(53%)	gry typications			1 160	
_co		- · · ·							
CT									
DE									
DC									
FL									
GA									
ні									
ID									
IL									
IN									
IA				•					
KS									
KY									
LA									
ME									
MD									
MA	·								
MI									
MN					,				
MS									

بر سر براب	-			Ares	6, 43			<u></u>	
<u>.</u> .	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)			under St (if yes, explan waiver	lification ate ULOE
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО		<u> </u>							
МТ		 							
NE								<u> </u>	
NV				_					
NH			}						
NJ									
NM	2.1. NY					7			
NY									
ИC									
ND								ļ	
ОН								ļ	
OK		ļ	14						
OR	X		506 LIC 1.00	Ø	0	8	9		X
FA							· · · · · ·	<u> </u>	
RI					-			<u> </u>	
SC		:					<u> </u>		
SD		· ·							
TN						<u>, </u>	u. ,		
TX		:							
UT VT		;							
VA									
WA		:							
WV									
WI									
***		L					#U- #		

State	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)					Disqualification under State ULOI (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Inventors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY				:	4				